State form 2192 (R2/10-03) / Form R-100 Approved by State Board Of Accounts 2004

100 DIVISION OF RECLAMATION INDIANA DEPARTMENT OF NATURAL RESOURCES

INDIANA CODE 14-36-1

APPLICATION FOR A PERMIT

I. <u>GENERAL INFORMATION</u> (Please Type or Print ALL Information)

A.	Name of Operator:						
B.	Permanent Address:	D.	Temporary Field Address:				
C.	Telephone #:	E.	Telephone #:				
	application must be accompanied by the following n 155, State Capitol Building, Indianapolis, Indiana	_					
Chec	k Attachment(s) submitted:						
Corp	orations (Within the State of Indiana)		Corporations (Outside the State of Indiana)				
	Good Standing Certificate		Good Standing Certificate				
	Certified Copy of Articles of Incorporation		Certified Copy of the Application of Admission				
If the	above is not applicable, check and complete below	v:					
	Federal Identification #:						
	II. <u>PROPOSEI</u>	O MININ	IG AREA				
A.	Pit Name or Number:	B. County(s):					
C.	Acres proposed to be mined under this permit:						
D.	Legal Description (Include quarter-quarter section, quarter section(s), Section(s), Township(s) and						
	Range(s), USGS Quadrangle Map):						

necessary):	name and address of	`	of the mineral to be mined (attach additional shee
	name and address of		of the surface to be affected (attach additional she
			<u>FEES</u>
Required fees submitted with this application are as follows:			
\$ (1) Permit Fee (\$100 each application)			
\$ (2) Acreage Fee (\$50 each acre and every fraction of an acre)			
\$	(3) Total Fees	Submitted	
		IV. <u>B</u>	<u>OND</u>
		rm R-102 "Bo	ond Evaluation Factor Sheet" the total bond submitte
Type of Bond (C	Complete only application	able item):	
Surety: Bond #:		(2)	Certificate of Deposit: Certificate #:
Name of Surety	Company:		Name of Bank:
Address of Sura	ty Company:		Address of Bank:

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Access to the area under application is hereby granted for the Director or his delegate as authorized by Section 5(b)(IV) Indiana Code 14-36-1.

THIS APPLICATION MUST BE ACCOMPANIED BY THE DOCUMENTS DESCRIBED IN <u>TABLE OF CONTENTS</u>, <u>ITEM IV</u>, or the application is considered incomplete and shall be returned to the operator.

Signed at	i:	2		
this	day of	, 20		
	Name of Operator:			
	Responsible Official:			
	Title:			
Subscribed and sworn to before me this		day of	, 20	
My comr	mission expires			
	-	Notary Public		

One (1) notarized copy